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EARLY AND PERIODIC SCREENING AND DIAGNOSIS OF INDIVIDUALS
UNDER 21 YEARS OF AGE, AND TREATMENT OF CONDITIONS FOUND:

7/1/98
(6d)

Respiratory Services

Medicaid recipients under the age of 21 may receive medically necessary respiratory therapy services which are reimbursable to Medicaid enrolled providers. Services must be prescribed in writing by the recipient's primary care physician (or designated physician assistant or advanced registered nurse practitioner) or a designated MD specialist. Services must be provided by a registered respiratory therapist who is licensed by the state of Florida, has met the requirements of 42 CFR 440.60 and has been enrolled as a Medicaid provider. The registered respiratory therapist must administer treatment according to the primary care provider's specific approved written plan of care and written prescription. Florida allows all eligible licensed registered respiratory therapists to enroll as providers to ensure freedom of choice of providers in accordance with 42 CFR 440.70.

Reimbursement for one evaluation or re-evaluation per recipient is allowed every six months. Respiratory therapy visits must be a minimum of fifteen (15) minutes in duration with reimbursement available for a maximum of two individual treatment sessions per day. Exceptions to these limitations may be made based on medical necessity.

Amendment 98-14
Effective 7/1/98
Supersedes 97-19

Approval 10/12/98

EARLY AND PERIODIC SCREENING AND DIAGNOSIS OF INDIVIDUALS
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Home Health Services

3/1/97
(7d)

Therapy services provided are occupational, physical, and speech. For these therapies, a maximum of two individual treatment sessions are allowed per recipient per day with each treatment session being a minimum of 15 minutes. Services must be prescribed in writing by the recipient's attending physician. The attending physician is the doctor in charge of the recipient's medical condition that causes the recipient to need home health services.

One evaluation or re-evaluation per recipient is allowed every six months. Exceptions to the service limitations can be granted based on medical necessity. Services must be provided through a licensed home health agency or a facility licensed by the state to provide medical rehabilitative services. Florida allows all eligible providers to enroll as Home Health Agencies, to ensure freedom of choice of providers in accordance with 42 CFR 440.70.

Amendment 97-05
Effective 3/1/97
Supersedes 96-06

Approval 9/22/97

Revised Submission 8/29/97

Attachment 3.1-A

EARLY AND PERIODIC SCREENING AND DIAGNOSIS OF INDIVIDUALS
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10/1/90
(23f)

9. Personal care services must be pre-authorized by the state agency based upon medical necessity. Personal care services provided in a recipient's home must be furnished by an individual with health care training appropriate to the health care needs of the child. Recipients may receive personal care services through a licensed home health care agency or an individual or entity which is determined by the state agency to meet comparable standards for providing home-based health care services. Personal care services are limited to a minimum of 4 hours and a maximum of 8 hours per day, per recipient. Exceptions to these limitations will be made based on medical necessity.

Amendment 93-02
Effective 1/1/93
Supersedes NEW

Approval APR 22 1993

EARLY AND PERIODIC SCREENING AND DIAGNOSIS OF INDIVIDUALS
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10/1/90
(8)

10. Private duty nursing services are limited to a minimum of four hours of services per day and a maximum of sixteen hours per day and must be pre-authorized by the state agency. Exceptions to these limitations will be made based on medical necessity. Recipients may receive private duty nursing services based upon medical necessity. Services must be provided by a registered nurse or licensed practical nurse. Provider eligibility is limited to home health care agencies or an individual or entity which is determined by the state agency to have met comparable standards regarding the provision of home-based private nursing care.

Amendment 93-02
Effective 1/1/93
Supersedes **NEW**

Approval APR 22 1993

Florida

Attachment 3.1-A

EARLY AND PERIODIC SCREENING AND DIAGNOSIS OF INDIVIDUALS
UNDER 21 YEARS OF AGE, AND TREATMENT OF CONDITIONS FOUND:

1/1/98
(11)

Therapy Services

Services must be prescribed in writing by the recipient's primary care provider (or designated physician assistant or advanced registered nurse practitioner) or a designated MD specialist. One evaluation or re-evaluation per recipient is allowed every six months. Exceptions to the service limitations can be granted based on medical necessity. All therapists must meet the requirements of 42 CFR 440.110.

Medically necessary occupational, physical and speech therapy services may be provided for recipients under 21 years of age. Therapy sessions administered to recipients on an individual basis must be a minimum of 15 minutes in duration with reimbursement available for a maximum of two individual treatment sessions per day. Speech therapy may also be administered in group sessions, provided that the group contains a maximum of six children, for a minimum of thirty (30) minutes per group.

Evaluations for Augmentative and Alternative Communication (AAC) systems must be conducted and documented by the speech therapist. An initial evaluation as well as a follow-up evaluation upon delivery of the system are required to ensure appropriateness of the unit. Re-evaluation of both the unit and the user is required every six months. One initial AAC evaluation is allowed every three (3) calendar years. The follow-up/re-evaluations are limited to two (2) per calendar year.

Fitting/adjustment/training sessions for AAC systems are limited to eight (8) 30 minute sessions per year, per device.

Amendment 97-21
Effective 1/1/98
Supersedes 97-05

Approval 5/26/98

EARLY AND PERIODIC SCREENING AND DIAGNOSIS OF INDIVIDUALS
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1/1/93
(12c)

12. Services for prosthetic and orthotic devices must be service authorized by the state agency and approved based on medical necessity. Prosthetic eyes are limited to one initial prosthetic eye for each eye per individual. Exceptions are granted based on medical necessity. Examples of medically necessary replacements are that the prosthetic eye is no longer the appropriate size or the eye has been inadvertently damaged, destroyed or stolen.

Amendment 93-03
Effective 1/1/93
Supersedes 93-02

Approval Date **AUG 4 1993**

Revised Submission 7/20/93

EARLY AND PERIODIC SCREENING AND DIAGNOSIS OF INDIVIDUALS
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Home Health Services

3/1/97
(7c)

Medical supplies and durable medical equipment must be prescribed in writing by the recipient's primary care provider or a designated MD specialist and are limited to the items listed in the agency's provider handbook. Exceptions can be granted based on medical necessity.

Amendment 97-05
Effective 3/1/97
Supersedes 93-05

Approval 9/22/97

Revised Submission 8/29/97

**EARLY AND PERIODIC SCREENING AND DIAGNOSIS OF INDIVIDUALS
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1/1/94

14. **Chiropractic Services:** Chiropractic services are limited to twenty-four visits within a calendar year. Exceptions to the service limitations can be granted based on medical necessity.

Amendment 94-01
Effective 1/1/94
Supersedes 93-02

Approval JUN 17 1994

1/10/92

INPATIENT HOSPITAL SERVICES: Inpatient hospital days are limited to 45 days per fiscal year per patient 21 years of age and over. There is no limit for patients under 21 years of age.

Excludes clinically unproven procedures and cosmetic surgery. Sterilization procedures which meet federal requirements, and abortion procedures meeting federal requirements are allowed.

Elective surgical procedures require prior authorization or EPSDT screening for inpatient hospital services under Medicaid. For purposes of the plan, elective surgery is defined as those surgical procedures that can be safely deferred without:

1. Threatening the life of the recipient, or
2. Causing irreparable physical damage, or
3. Resulting in the loss or serious impairment of a bodily function, or
4. Resulting in irretrievable loss of growth and development.

Medicaid program medical consultant staff will make individual patient decisions as appropriate regarding whether a patient's procedure meets the above criteria on either a prior or postauthorization basis.

Amendment 93-02
Effective 1/1/93
Supersedes NEW

Approval APR 22 1993